

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.	IND.	DEP.
1							51	103	1				
2							52	125	1				
3							53	106	1				
4							54	127	1				
5							55	128	1				
6							56	129	1				
7							57	112	1				
8							58	111	1				
9							59	112	1				
10							60	113	1				
11							61	114	1				
12							62	122	1				
13							63	123	1				
14							64	124	1				
15							65	117	1				
16							66	124	1				
17							67	129	1				
18							68	121	1				
19							69	122	1				
20							70	123	1				
21							71	124	1				
22							72	125	1				
23							73	126	1				
24							74	127	1				
25							75	128	1				
26							76	129	1				
27							77	130	1				
28							78	131	1				
29							79	132	1				
30							80	133	1				
31							81	134	1				
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													